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CODE NO.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

**Handling Method(s):**

☐ recovery

☐ treatment (specify): \_\_\_\_\_

<input type="checkbox"/> treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)	CODE NO.
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☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 2/1/79

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001319Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name